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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 10/31/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

5251

TITLE

METHOD FOR MONITORING GASTROINTESTINAL INFLAMMATION IN PERSONS WITH INFLAMMATORY
BOWEL DISEASE(IBD)

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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